

Appendix I: Consent and Confidentiality

Notes from State CIS TA Team consultation with Legal Representatives of the Agency of Human Services Consumer Information and Privacy Committee to Review CIS Confidentiality and Consent Procedures

The Agency of Human Services (AHS) Consumer Information and Privacy Committee (CIPS) is actively developing a new template for an AHS-wide consent form. The template will include a required core set of elements for use with all AHS programs and associated partners, contractors and grantees. Logos can be added. CDD CIS team leaders met with CIPS legal representatives and agreed upon the following information relevant to CIS. This information adds to the content already defined in Appendix B, Confidentiality and Consent, of the Technical Assistance Guidance (TAG) Document for Regional Teams. Teams may create an interim form for use until the AHS consent form is ready for official use (timeframe unknown). Any form developed should consider the Guiding Principles and address the following elements¹.

AHS covered entity = Any employee, grantee, contractor, intern, or volunteer of AHS

AHS/CIPS Guiding Principles

1. AHS shares information with the full knowledge and consent, if needed of the individuals served
2. AHS treats personal information with the utmost respect and takes appropriate safeguards for privacy
3. AHS shares information in order to ensure effective, respectful and timely service for the individuals, youth and families served
4. AHS shares information in order to promote the health and safety of all Vermont's families and communities.

The AHS Consent Form shall contain the following information:

1. The names of people about whom information may be shared
2. A checklist or description of the kinds of information to be shared
3. A description of the purpose for which the consent is given
4. A list or description of the agencies, offices, departments, contractors, third parties or grantees authorized to receive the information
5. A statement that the consent may be revoked at any time except to the extent that the consent has already been acted or relied upon
6. The date, event or condition upon which the consent will expire if not revoked earlier
7. Signature of individual(s) granting consent, or their parents or guardians and the date
8. Signature of the individual explaining the consent process with his or her position, job title and date
9. A space to provide individualized instructions
10. A statement that the information will not be disclosed further unless another authorization is obtained or unless such disclosure is required by law

¹ See Children's Integrated Services Technical Assistance Guide. (9/2007). Appendix B. See: www.cddvt.org/prevention and early intervention/children integrated services.

AHS/CIPS Consent Process: General Guidelines and Additional Guidance

- Use of the AHS/CIPS consent process and use of a standard consent form is applicable to AHS covered entities, which includes AHS employees, grantees, contractors, interns, volunteers and formal partners. Formal partners include Mental Health and Home Health Agencies. Interim forms developed by CIS teams using the stated AHS guidelines are acceptable.
- HIPAA compliance: Comprehensive Notice of Privacy should be given at time of consent (applies in all instances)
 - Medicaid eligible families receive this from AHS as part of their Medicaid Health Plan Information upon application (via DCF, Economic Services, Health Access Eligibility Unit).
 - Partner agencies distribute their own Notices of Privacy as required for AHS covered entities under HIPAA
- AHS covered entities - employees, contractors, grantees, volunteers and interns -will ask for written consent to disclose individually identifiable information with non-AHS related service provider
- If an emergency situation requires granting of verbal consent, written consent shall be obtained as soon as possible.
- Members of the client's interdisciplinary team are permitted to use the information among team members to make sure the services they are providing are effective and efficient.

CIS Primary Service Provider and Interdisciplinary Clinical Consultation Teams:

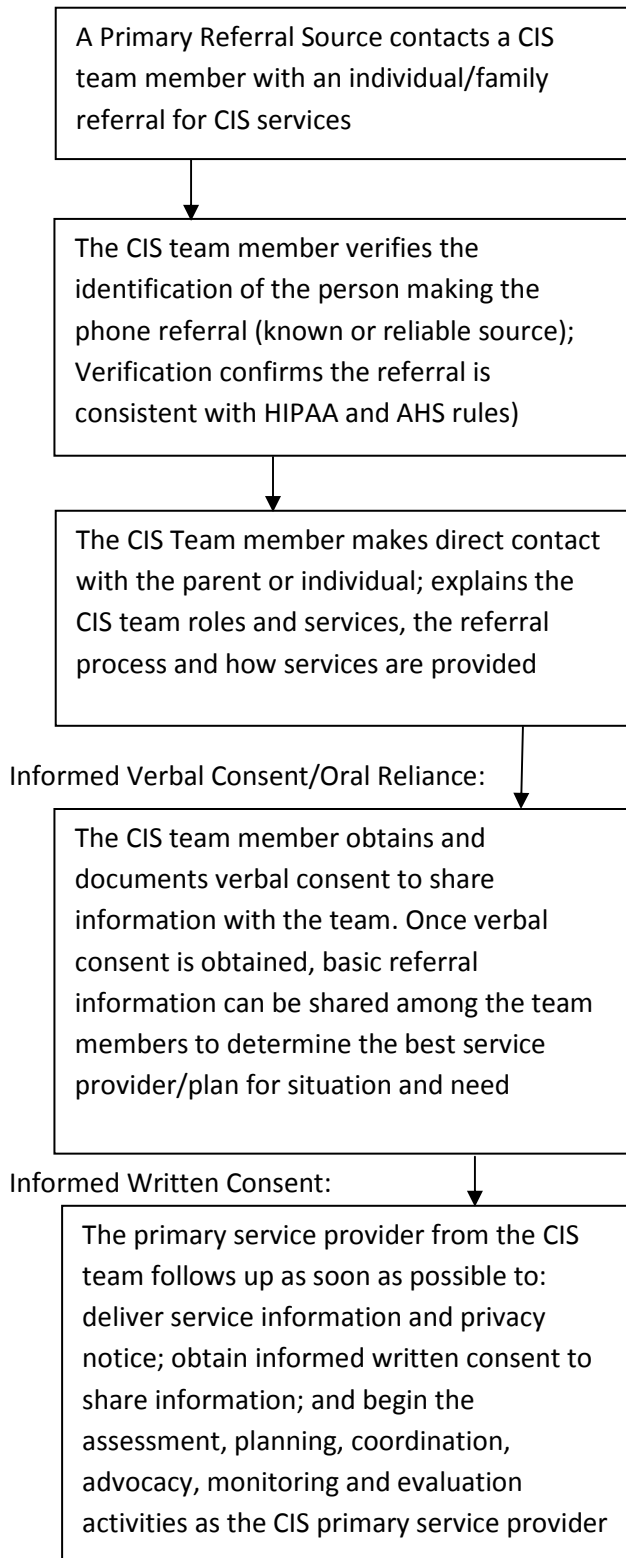
1. Consider the informed consent and confidentiality needs of individuals/families together at 4 distinct points (see page 3 - Mapping of CIS general pathways for providing consumer information, ensuring privacy and obtaining consent):
 - Referral and Intake
 - Development of initial individualized plans, including identification of specialized team members needed to accomplish the outcomes of the plan
 - Updates to individualized plans
 - 6-month reviews of individualized plans
2. Are composed of qualified CIS professionals (from at least Health, Early Childhood and Family Mental Health, and Part C Early Intervention) who bring together resources that allow for a comprehensive, inclusive lens of very early child development rather than a specific service system lens

All teams need a procedural plan articulating how they will protect confidential information and its use. The plan should consider: a) what individual information will be used for what purposes; b) a process for when there is a need to protect or limit access to information, depending on the extent of the consent given and consumer protections regarding privacy of medical records, e.g., HIPPA and state statutes regarding patient privilege protecting confidential health information²; and c) a process for how specialized teams defined by a client's Individual/One Plan interface with the CIS clinical consultation team to meet and carry out the activities of the plan. In short, guidelines should address *WHO accesses WHICH information for WHAT purpose.*

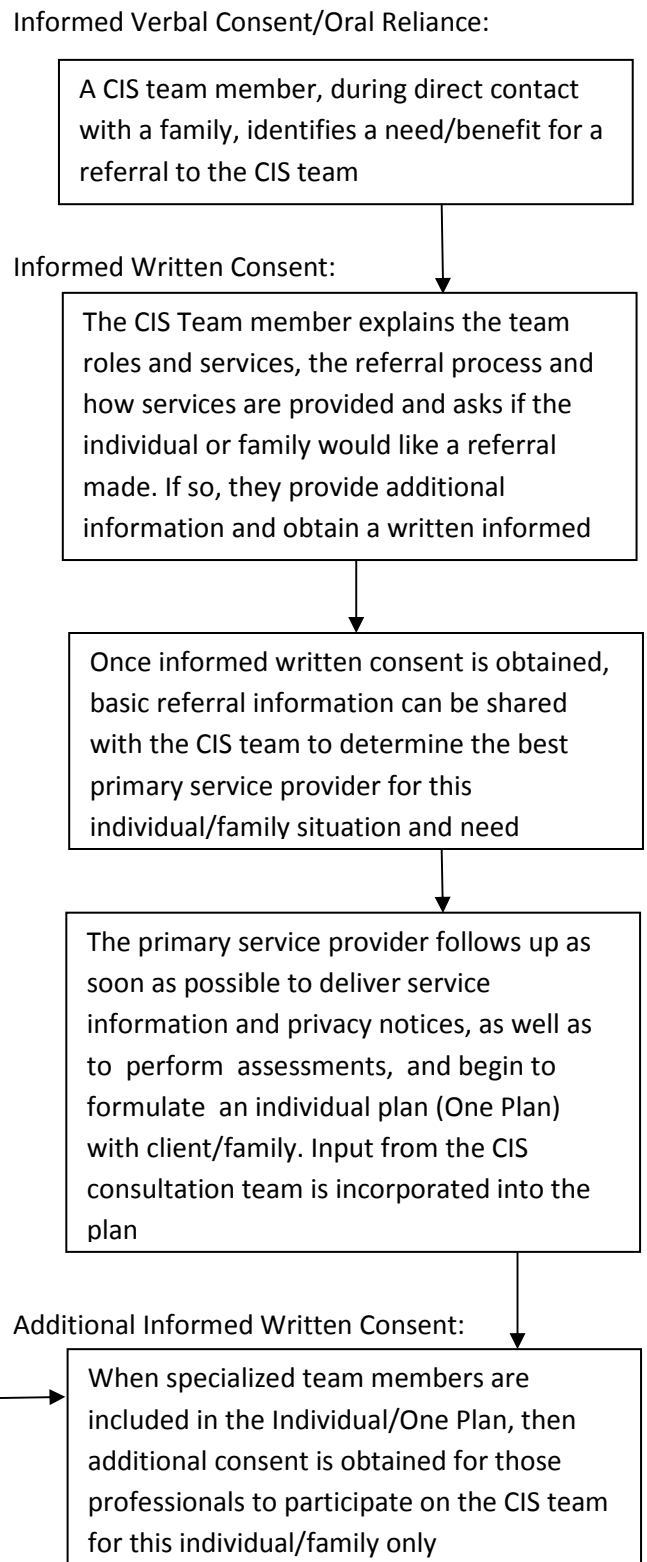
² Crowley, J. and Jarris, P. (February 1, 2004). *Report on privacy of medical records in Vermont as specified under H. 768, Act 122, § 83 (2004).* Department of Banking, Insurance, Securities & Health Care Administration.

**Mapping of Children's Integrated Services (CIS) General Pathways for
Providing Consumer Information and Ensuring Privacy and Obtaining Informed Consent:**

Pathway 1: Referral from Outside the CIS Team



Pathway 2: Referral by a CIS Team Member



Appendix II: File Review

Child Development Division Children's Integrated Services Family Support Pilots: File Review Checklist

Reviewer Name:

Date:

Pilot Site:

Client Name:

Desired Result	Performance Measure
<p>1. <u>CIS Pilot Desired Result:</u> Client population begins prenatal care with a health care provider within the first trimester and continues to receive adequate ongoing prenatal care throughout the pregnancy.</p>	<p><u>Performance Measure:</u> <i>Timing of first prenatal visit and frequency of ongoing prenatal visits</i></p> <hr/> <p><u>File Review:</u></p> <p>Visit in first trimester? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ Weeks gestation at first visit</p> <p>_____ Weeks gestation at ongoing prenatal visits</p> <p>Frequency = _____</p> <p>Name of OB Provider noted? <input type="checkbox"/> Yes <input type="checkbox"/> No Date signed _____</p> <p>Other supports documented? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List other supports noted _____</p>
<p>2. <u>CIS Pilot Desired Result:</u> Children's growth and development are on target</p>	<p><u>Performance Measure:</u> <i>Children show positive social-emotional skills (including social relationships) with peers and adults</i></p> <hr/> <p><u>File Review:</u></p> <p>Developmental screening done?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____</p> <p>Name of screening: _____</p> <p>Type of Provider performing the screening: _____</p> <p>Signs of positive social-emotional development documented in file?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Dates: _____</p> <p>Evaluated by _____</p>

3. <u>CIS Pilot Desired Results:</u> Parents, families and caregivers help their children develop and learn	<u>Performance Measure:</u> <i>Family reports positive gain (defined as: supports in place; improved health, social, economic well-being; transition services in place as needed; barriers to achieving outcomes addressed)</i>
	<u>File Review:</u> Reliable developmental screening/assessment results noted in file? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates: _____ Six month review and family interview completed? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Family perception of positive gains noted in file? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates: _____ List types of gains family notes: _____
Desired Result	Performance Measure
4. <u>CIS Pilot Desired Results (A):</u> Families have the supports they want and need to meet their basic needs: education, job, food security, stable housing, transportation, health and dental care, personal and household, child care, safe neighborhood	<u>Performance Measure:</u> <i>Number and percent of children with an ongoing health care provider (medical and dental)</i>
	<u>File Review:</u> Does the child have a Medical Home? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not available Name of provider documented _____ Does the child have a Dental Home? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not available Name of provider documented _____
5. <u>CIS Pilot Desired Results (B):</u> Families know their rights and advocate effectively for their child	<u>Performance Measure:</u> <i>Family reports they know their rights and can advocate effectively</i> <u>*Results reported by parents on Part C family survey*</u>
	<u>File Review:</u> Consent forms signed? <input type="checkbox"/> No <input type="checkbox"/> Yes Dates _____ Additional documentation? <input type="checkbox"/> No <input type="checkbox"/> Yes List advocacy activities noted _____

CIS Pilot Desired Results

The framework for Children's Integrated Services is implemented as designed (Refer to CIS Technical Assistance Guide, Appendix D: Desired Results, Proposed Performance Measures, and Data Sources)

Performance Measure:

Percent of target population using CIS (Need to figure out total eligible population by region, then compare to number served through grant funding)

File Review:

File data/documentation matches encounter data? (Refer to list of Encounter Data fields)

☐ No ☐ Yes ☐ Not available

Staff members qualifications: List names and credentials for all staff members documenting in the client file.

Staff Member Name	Qualifications, Credentials

Discharge date noted? ☐ No ☐ Yes Dates: _____

Transition planning noted? ☐ No ☐ Yes

Additional comments?

Additional Notes:

Evidence of Application of Touchpoints theory or other best practices?

Training Needs noted:

Items to address in CIS Operations Manual:

File Review Process:

Purpose: To monitor Medicaid pilot grant utilization and documentation. To evaluate predetermined service outcomes.

Representative Sampling: A pre-determined number of CIS Family Support Pilot client records, identified by codified patient ID numbers, will be reviewed at each of the four CIS Family Support Pilot site. All client records reviewed will be part of the CIS pilot.

Reviewers: Christina Strobridge, Pilot coordinator, and Susan Shepard, HBKF Program Manager

Confidentiality will be maintained by: adherence to signed AHS confidentiality agreements and patient ID numbers instead of names, aggregated data reports.

Timeline: On-site file review will take place in April 2008

Results: Client data will be tracked on individual File Review Checklists. The checklist data will be totaled by site. Each site's data will be combined for pilot-wide totals and conclusions related to the stated Desired Results and Performance measures.

Process:

Reviewers make appointment with pilot site to conduct file reviews.

1. Pilot site pulls 16 files of clients receiving services under the CIS Family support Pilot. The files are assigned a unique identification number for the review process
2. Each reviewer uses the File Review Checklist to review 8 files each.
3. Results from the 16 reviews are tabulated.
4. Themes, results, problems with documentation and progress toward desired results will be reported as part of the Pilot coordinator's final grant reporting to AHS.

Region A File Review	Yes : 7	No:0	Not Avail: 9	Other: FITP prenatal hx DCF custody intake OT consult sum. prenatal hx	<u>Referral reasons:</u> OB support Delayed development Child Behavior Parenting ed/ supv Nutrition/diet/feeding Stable Housing Transportation Smoking cessation Substance abuse Behavior Management School readiness Self-sufficiency Learning Together Supportive Childcare Educational support Financial skills DCF /Family plan in place Developmental delay Isolation/social supports Mental illness Maternal depression Child abuse/neglect
Prenatal care rec'd					
Developmental screening done	Yes: 13	No: 2 1 (NA)	No Dates: 0	Name of screening : ASQ: 13 IDA: 9 Family support matrix:2	
Type of Provider	FSW: 11	MSW: 3	Other: ECFMH: FIT:	Unknown: 2	
Positive soc-emot dev	Yes : 14	No: 1	NA: 1	In Progress notes: 10	
Dev Scr/Assess results noted in file?	Yes: 14	No: 2 1 (NA)	No dates: 0	Name of Assessment : A&S	
6 month reviews done?	Yes: 9	No: 1	NA: 3	No dates: 0	
Family percep. of + gains documented in file?	Yes: 12	No: 4	No Dates: 0		
	Types noted: Visits/supports fun; More words, less tantrums; Child care subsidy assistance Talking, so happy, mimicking; No more pacifiers, easier bedtime transitions, increased parenting knowledge and confidence; Stopped smoking; Child care for socialization; Happy w/child's dev Going back to school; Using Pediatrician instead of ER; Participating fully in counseling and FLT				
Medical home	Yes: 12	No: 1	Not Avail: 3		
Dental Home	Yes:	No:	Not Avail: 16	In Progress notes:	
Consent forms signed	Yes: 14	No: 2	No Dates: 0	Types of consents: HIPPA Notice of Privacy	
File dates match encounter data dates	Yes: 16	No: 0	Not Avail:0		
Discharge date	Yes: 2	No: 1	NA: 13		
Transition planning	Yes: 3	No: 2	NA: 10	To EEE/K: 0	
Other services noted	Yes: 5	No: 6	Not Avail: 4	What: Economic svcs, fuel assist, Child support, food stamps, Partial day svcs, Reach up, Sec 8 housing, Learning Together, ECFMH /FIT /RN , DCF FS, Childcare assist.	

Region A: Individual Pilot Site feedback regarding files and documentation:

- ❖ 21 files were requested and received. 16 files were reviewed between. Four additional files were not pilot families but rather families the grantee felt represented the type of complicated needs typically needing intensive Family Support Services. They were reviewed and discussed by the team but are not included in this summary.
- ❖ The grantee serves many families with intense family support needs. It is abundantly clear to the reviewers reading the files that the direct service providers and managers do important and challenging work.
- ❖ Overall, the files reviewed were highly organized and contained documentation of services delivered, goals for service, progress toward goals, screening and assessment results
 - Client file checklist and contact record very helpful for obtaining a general overview
 - Case Plan form very useful: Goals, Indicators and Action Plan components. Appears flexible enough to be used to varying degrees depending on the preparation level of the direct service worker
 - Not consistently clear what, if any, other services involved. Progress notes often contained some of this information but that requires reading thru all the notes to find one specific piece
 - Difficult to quickly find contact/family information
 - Overall, progress notes were clearly linked to goals and any associated progress. Some progress notes by FSWs were less goal-related with less consistency in structure than those by Masters-prepared staff-- a normal part of staff development. In some cases progress notes were not signed by the direct service worker
 - MD signature for children >1 year old (medical high risk)—process for communicating with MS and obtaining signatures?
- ❖ The grantee noted the challenges of documenting for multiple members of the same family. To have separate files for each member creates increased paperwork, increased challenges in communicating, and distorted picture of service delivery.
 - Reviewers found it harder to glean information quickly from combined files but this seemed more related to a lack of demographic information (family constellation, referral needs for each, contact information) than the actual combination of documentation. The grantee is encouraged to continue to experiment with family files.
- ❖ Developmental screenings and assessments done and documented regularly. Linked back to progress notes and goals
- ❖ Growing up Healthy as a basic reference/resource for Home Visits? Bright Futures as resource for EPSDT type activities?

Region B File Review Prenatal care rec'd	Yes : 2	No:0	Not Avail: 13	Other: FIT summary of prenatal hx VNA AP assessment	Referral reasons: OB support Delayed development Child Behavior Parenting ed/ supv Nutrition/diet/feeding Stable Housing Transportation Smoking cessation Substance abuse Behavior Management School readiness Self-sufficiency Learning Together Supportive Childcare Educational support Financial skills DCF /Family plan in place Developmental delay Isolation/social supports Mental illness Maternal depression Child abuse/neglect
Developmental screening done	Yes: 11	No: 2 NA:2	No Dates: 0	Name of screening : ASQ: 9	
Type of Provider	FSW: 2 M-FSW: 10	MSW:0	Other: ECFMH: 1 FIT: 2	Unknown: 0	
Positive soc-emot dev	Yes : 11	No: 3	NA: 1	In Progress notes: 8	
Dev Scr/Assess results noted in file?	Yes: 11	No: 3 NA:2	No dates: 2	Name of Assessment : A&S: 5 IDA: 1 Help Strands (PT): 1 Peabody Motor Scales: 1 Infant observation guide:2	
6 month reviews done?	Yes: 2	No: 9	NA: 4	No dates: 0	
Family percep. of + gains documented in file?	Yes: 7	No: 8	No Dates: 0		
	Types noted: Age appropriate play skills; Ages and Stages results; CCV enrollment; Economic assistance; Learning sign language; Consistently going to play group; Recognizes when baby had enough to eat; Moved to new apt; Proud of baby's G + D; Able to purchase car seat				
Medical home	Yes: 15	No: 0	Not Avail:0	Provider name listed:	
Dental Home	Yes: 3	No: 2	Not Avail: 10	In Progress notes: 4	
Consent forms signed	Yes: 14	No: 1	No Dates: 0	Types of consents: HIPPA Notice of Privacy	
File dates match encounter data dates	Yes: 15	No: 0	Not Avail: 0		
Discharge date	Yes: 3	No: 0	NA: 12		
Transition planning	Yes: 2	No: 3	NA: 9	To EEE/K: 1	
Other services noted	Yes: 7	No: 7	Not Avail:	What: Economic svcs, fuel assist, Child support, food stamps, Partial day svcs, Reach up, Sec 8 housing, Learning Together, ECFMH /FIT /RN , DCF FS, Childcare assist.	

Site B--Individual Pilot Site feedback regarding files and documentation:

- ❖ 23 files were requested and all were received. 15 files were reviewed.
- ❖ The grantee serves many families with intense family support needs. It is abundantly clear to the reviewers reading the files that the direct service providers and managers do important and challenging work.
- ❖ Overall, the files reviewed were highly organized and contained documentation of services delivered, goals for service, progress toward goals, screening and assessment results
 - NCR progress notes provide a summary of each visit and progress toward agreed upon goals and a copy can be left with the family. This is not only a powerful documentation tool, for both agency and family.
 - Immunization records in all files
 - HB EPSDT flowsheets in many files appear to help support and order service delivery as well as provide additional documentation
 - Ages and Stages screening materials consistently in use
 - Contact sheets are helpful in the files where they are actively used to summarize contacts. They appear to be used differently by different staff and some were blank
 - Consents were found consistently in all files reviewed
 - While there appeared to be a standard file order established, the order for forms and notes, etc varied in about one quarter of the files
 - Sometimes difficult to identify goals for service in relation to progress notes and discharge planning does documentation support need for continued services
 - Many progress notes were unsigned. Many flow sheets were not dated or not fully dated (missing year)
- ❖ Parents as Teachers materials, the Infant Observation guide, and other resource materials appear to be distributed frequently in alignment with goals related to parenting education, child development information and parenting support
- ❖ Coding related to high risk: When compared to the file, the designation was not always clearly supported by the documentation
- ❖ Appears to be a positive working relationship btwn FIT and MCH services
- ❖ MD signature for > one -5 year olds
- ❖ One case in particular (M.B.) exemplifies complex hx with good outcomes
- ❖ Growing up Healthy as a basic reference/resource for Home Visits? Bright Futures as resource for EPSDT type activities?

Region C File Review: Prenatal care rec'd	Yes : 12	No: 0	Not Avail: 2	Other: FITP prenatal hx DCF custody intake	Referral reasons: OB support Delayed development Child Behavior Parenting ed/ supv Nutrition/diet/feeding Stable Housing Transportation Smoking cessation Substance abuse Behavior Management School readiness Self-sufficiency Learning Together Supportive Childcare Educational support Financial skills DCF /Family plan in place Developmental delay Isolation/social supports Mental illness Maternal depression Child abuse/neglect
Developmental screening done	Yes: 2	No: 7 NA: 6	No Dates: 0	Name of screening : PAT: Dev Milestones:2	
Type of Provider	FSW: 11 M-FSW: 0	MSW: 3	Other: ECFMH: FIT:	Unknown:	
Positive soc-emot dev	Yes : 4	No: 4	NA: 6	In Progress notes: 3	
Dev Scr/Assess results noted in file?	Yes: 1	No: 6 NA: 6	No dates: 0	Name of Assessment : FIT: 1	
6 month reviews done?	Yes: 0	No: 6	NA: 8	No dates: 0	
Family percep. of + gains documented in file?	Yes: 6	No: 8	No Dates: 0		
	Types noted: Found housing/Sec 8; Baby growing WNL; Reach up grant rec'd; Home baby-proofed; Responds to feeding cues now; Financial counseling helping; Items secured for baby; Wading thru maze of paperwork (CSHN); Returning to MH tx; Obtained child care subsidy				
Medical home	Yes: 14	No: 0	Not Avail: 0		
Dental Home	Yes: 0	No: 0	Not Avail: 14	In Progress notes: 0	
Consent forms signed	Yes: 4	No: 10	No Dates: 0	Types of consents: HIPPA, Consent to treat, Specific consent	
File dates match encounter data dates	Yes: 14	No: 0	Not Avail: 0		
Discharge date	Yes: 4	No: 4	NA: 6		
Transition planning	Yes: 1	No: 7	NA: 6	To EEE/K: 0	
Other services noted	Yes: 11	No: 3	Not Avail: 0	What: Economic svcs, fuel assist, Child support, food stamps, Partial day svcs, Reach up, Sec 8 housing, Learning Together, ECFMH /FIT /RN , DCF FS, Childcare assist.	

Region C: Individual Pilot Site feedback regarding files and documentation:

- ❖ 22 files were requested. 14 files were reviewed between.
- ❖ The grantee serves many families with intense family support needs. It is abundantly clear to the reviewers reading the files that the direct service providers and managers are faced with important and challenging work.
- ❖ File Format:
 - Contact sheet is helpful for quick overview. Sometimes the contact sheet is not used or the dates on the contact sheet don't match the notes in the file
 - Files are organized under the parent/guardian name instead of child's name making it necessary to know both in order to retrieve a file.
 - Family Contact sheet in some files, appears to be a wide range in how it is used. Need for family hx/demographic sheet in file to provide overview, contact information, admit and DC dates, family constellation/information, other services
 - Consent forms were consistently missing from most files reviewed. It is strongly recommended that consent forms be obtained at the start of service and be kept in the client file. Technical assistance is available if desired.
- ❖ Beyond the referral, Prenatal history was not available in the prenatal files reviewed
- ❖ Ability to provide books, parenting resources appears to be well-received and a nice bridge to relationship
- ❖ It does not appear to be the practice of grantee to routinely perform Developmental screenings and assessments. It is recommended as a part of CIS that screenings and assessments be implemented. Technical assistance is available if desired.
- ❖ In several files it was unclear whether svcs had ended and why. The use of "the Letter" as part of the discharge process is unclear to the outside reviewers
- ❖ Several examples of positive and documented coordinated case mgmt w/HCRS , DOC, and one for a baby with intensive health needs
 - Not definitively clear what other services are involved without reading thru case notes
 - Coordination of services w/VNA and other partners—How does it occur and get documented?
- ❖ Minor coding inconsistencies between Family Center coding and CDD pilot coding can be resolved in next stage (September) of the pilots
- ❖ Are Growing Up Healthy and AAP Bright Futures Guidelines used as references/resources for Home Visits?
- ❖ Process for obtaining MD signature for children 1-5 years?

Region D File Review Prenatal care rec'd	Yes : 2	No: 0	NA: 12	Other: FITP prenatal hx DCF custody intake OT consult sum. prenatal hx	Referral reasons: OB support Delayed development Child Behavior Parenting ed/ supv Nutrition/diet/feeding Stable Housing Transportation Smoking cessation Substance abuse Behavior Management School readiness Self-sufficiency Learning Together Supportive Childcare Educational support Financial skills DCF /Family plan in place Developmental delay Isolation/social supports Mental illness Maternal depression Child abuse/neglect
Developmental screening done	Yes: 10	No: 4	No Dates: 4	Name of screening : ASQ: 9	
Type of Provider	FSW: 5 M-FSW: 2	MSW: 0	Other: ECFMH: 1 FIT: 1	Unknown: 4	
Positive soc-emot dev	Yes : 5	No: 4	NA: 5	In Progress notes: 3	
Dev Scr/Assess results noted in file?	Yes: 8	No: 6	No dates: 4	Name of Assessment : A&S: 3 GAF: 2 DAYC: 1	
6 month reviews done?	Yes: 4	No: 7	NA: 3	No dates: 2	
Family perception of pos. gains documented in file?	Yes: 6	No: 8	No Dates: 2	Types noted: Listening better Chore file working well Child sleeping thru night Gets needs met and is smart	
Medical home	Yes: 11	No: 1	NA: 2	Provider name listed: 5	
Dental Home	Yes: 2	No: 0	NA: 12	In Progress notes: 4	
Consent forms signed	Yes: 12	No: 2	No Dates: 3	Types of consents: HIPPA Consent to treat Specific consent Special consent	
File dates match encounter data dates	Yes: 12	No: 2	NA: 0		
Discharge date	Yes: 5	No: 2	NA: 7		
Transition planning	Yes: 4	No: 5	NA: 5		
Other services noted	Yes: 12	No: 2	NA: 0	What: Economic svcs fuel assist Child support food stamps Partial day svcs Reach up Sec 8 housing Learning Together ECFMH /FIT /RN DCF FS	

Region D: Individual Pilot Site feedback regarding files and documentation:

- ❖ All 18 files requested were received. 14 files were reviewed.
- ❖ The Grantee serves many families with intense family support needs and DCF involvement. It is abundantly clear to the reviewers reading the files that the direct service providers and managers do important and challenging work.
- ❖ CIS core team summary page found in several files very helpful in providing quick overview of family situation, family concerns and goals and other services involved
 - Prevention/EI referral form also helps in sequencing and overview of family picture
 - Not clear to reviewers if the Demographic sheet is in use and if so for what purpose
 - Has the practice of writing a Discharge summary begun? Reasons for discharge was missing in 3 of 5 files with discharges
 - File Format: There does not appear to be a standard file format. Variety of flow sheets and documentation styles used. File materials in different order depending on different providers. Some service providers sign notes with name and credentials, some do not. Ages and Stages screening forms frequently missing identifying information and dates. Inconsistent use of Dates (mo/day/year) on progress notes –year missing in some files, no dates at all in some sections. Filing by one staff member in particular in need professional development. Very difficult to read the handwriting of some staff members
- ❖ Consents: Multiple forms of consents were found in all files. In a few cases dates were missing.
 - There are some cases where there are 11 -15 consent forms in files. While it may be agency policy, this seems excessive to the outside reviewers. The goal for CIS is one universal consent form.
 - Can the CIS/AHS consent be adapted or utilized so that there are just one or two forms and still meet agency needs?
- ❖ Families receiving multiple services
 - Difficult to know what other services are involved without going thru all the progress notes
- ❖ When there are multiple services provided thru the grantee, it appears that separate files are maintained? How does coordination and information-sharing occur between direct service providers?.
- ❖ Minor coding inconsistencies between grantee coding and CDD pilot coding can be resolved in next stage (September) of the pilots
- ❖ Are Growing Up Healthy and AAP Bright Futures Guidelines used as references/resources for Home Visits?
- ❖ Process for obtaining MD signature for children 1-5 years?

Appendix III: Family Survey



Child Development Division
Department for Children & Families
Vermont Agency of Human Services
103 So. Main Street, Building "A"
Waterbury, Vermont 05671-5500
www.cddvt.org or 1-800-649-2662

May 15, 2008

Dear Family,

We are conducting a survey of the families in your area who are receiving Family Support services from their local Parent Child Centers. Family Support services are provided by a home visitor associated with your local Parent Child Center. They might take place in your home, at the Parent Child Center or another location like child care. The visit could be focused on any of the following: assistance with parenting issues; parenting education; assistance managing your child's behavior; helping your child to develop a skill or ability; help with a specific area of your child's development (speech and language activities, occupational, or physical therapy, for example) or assistance meeting your family's needs (housing, food, transportation, etc.).

The purpose of this survey is to evaluate and improve our services to families like yours. Your anonymous answers will be combined with others to create an overall report of families' experiences with Family Support services. We want to know what is working well and what may need improvement. All answers will be confidential and your child's service providers will not see your survey. The survey should only take about 10 minutes to complete.

We appreciate the time you are taking to share your thoughts with us. **By completing the survey and returning it to us by Saturday, June 14, 2008, you will also be eligible to enter a raffle for a \$50 gift card to Waldenbooks/Borders.** You can enter and still remain anonymous. See the enclosed Raffle instructions for details.

We look forward to hearing from you by June 14. If you have questions, or prefer to do the survey over the phone, you may call Sue between 9AM and 3PM at 241-1078.

Thank you very much,

*The Children's Integrated Services Team
of the Child Development Division*

Family Outcomes Survey

General Version

The Family Outcomes Survey is designed to provide a way for you to describe your family and the ways you support your child's needs.

Instructions:

- This survey should be filled out by the person in your family who has the most knowledge about your child's care and development.
- All of the responses include the word "we" or "our." This refers to your family. Usually this means parents and others who support and care for your child. But every family is different, so think of what "family" means to you when answering.
- On every page, you will be asked to answer questions like the example below:

How much does your family know about dinosaurs?

1	2	3	4	5	6	7
We know a little about dinosaurs		We know some about dinosaurs		We know a good amount about dinosaurs		We know a great deal about dinosaurs

- Read each question and circle the number that best describes your family right now.
- If a statement almost describes your family, but not quite, circle the number just to the left or the right. For example if you feel that the statement 5 "We know a **good amount** about dinosaurs" almost describes your family, but not quite—circle the 4.

If you do not know how to answer a question, or if you are not comfortable answering the question, skip it and go to the next question.

Family Outcomes Survey

UNDERSTANDING YOUR CHILD'S STRENGTHS, ABILITIES, AND SPECIAL NEEDS

1. Your child is growing and learning. How much does your family understand about your child's development?

1	2	3	4	5	6	7
We are just beginning to understand our child's development		We understand some about our child's development		We understand a good amount about our child's development		We understand a great deal about our child's development

2. Home visitors who work with you and your child want to know if the things they do are making a difference. How often is your family able to tell if your child is making progress?

1	2	3	4	5	6	7
We seldom can tell if our child is making progress		We sometimes can tell if our child is making progress		We usually can tell if our child is making progress		We almost always can tell if our child is making progress

KNOWING YOUR RIGHTS AND ADVOCATING FOR YOUR CHILD

3. Families often meet with professionals to discuss and plan for your child's care and development. How comfortable is your family participating in these meetings?

1	2	3	4	5	6	7
We are just beginning to feel comfortable participating in meetings		We are somewhat comfortable participating in meetings		We are generally comfortable participating in meetings		We are very comfortable participating in meetings

4. To what extent have the professionals working with your family helped your family know and understand your rights?

1	2	3	4	5	6	7
Home visitors have done a poor job of helping us know our rights		Home visitors have done a fair job of helping us know our rights		Home visitors have done a good job of helping us know our rights		Home visitors have done an excellent job of helping us know our rights

HELPING YOUR CHILD DEVELOP AND LEARN

5. Families help their children develop and learn. How much does your family know about how to help your child develop and learn?

1	2	3	4	5	6	7
We are just beginning to know how to help our child develop and learn		We know some about how to help our child develop and learn		We know a good amount about how to help our child develop and learn		We know a great deal about how to help our child develop and learn

6. Families try to help their children learn to behave the way they would like. How much does your family know about how to help your child learn to behave the way your family would like?

1	2	3	4	5	6	7
We are just beginning to know how to help our child behave the way we want		We know some about how to help our child behave the way we want		We know a good amount about how to help our child behave the way we want		We know a great deal about how to help our child behave the way we want

7. Families work with professionals to help their children learn and practice new skills at home or in their communities. How often does your family help your child learn and practice these new skills?

1	2	3	4	5	6	7
We are just beginning to help our child learn and practice these skills		We sometimes help our child learn and practice these skills		We usually help our child learn and practice these skills		We routinely help our child learn and practice these skills

8. To what extent have the professionals working with your family helped your family be able to help your child develop and learn?

1	2	3	4	5	6	7
Home Visitors have done a poor job of helping us help our child develop and learn		Home visitors have done a fair job of helping us help our child develop and learn		Home visitors have done a good job of helping us help our child develop and learn		Home visitors have done an excellent job of helping us help our child develop and learn

HAVING SUPPORT SYSTEMS

9. Families sometimes must rely on other people for help when they need it, for example to provide a ride, run an errand, or watch their child for a short period of time. How often does your family have someone you can rely on for help when your family needs it?

1	2	3	4	5	6	7
We seldom have someone we can rely on for help when we need it		We sometimes have someone we can rely on for help when we need it		We usually have someone we can rely on for help when we need it		We almost always have someone we can rely on for help when we need it

...AND A FEW GENERAL QUESTIONS

11. Who is filling out this survey? [] Mother [] Father [] Guardian [] Caregiver [] other_____

12. How long has your family been working with a home visitor?_____

13. What is your family working on with the home visitor?

14. Does your family have a dentist that you and your child see regularly?

- ☐ Yes
- ☐ No

15. Did you and your child receive prenatal care from a medical provider during your pregnancy?

- ☐ Yes, beginning in the first trimester(first 12 weeks of pregnancy)
- ☐ Yes, beginning after the first trimester (13 weeks and beyond)
- ☐ No

16. Do you have any comments you want to include? (Feel free to use the back of this page as well if you need more space).

Thank you for completing this survey! Please be sure to enter the raffle for \$50 gift card to Waldenbooks/Borders*

*can be used in-person at the store or online

CIS Family Support Pilots 2007-2008 Family Survey Tracking Sheet: Totals

UNDERSTANDING YOUR CHILD'S STRENGTHS, ABILITIES, AND SPECIAL NEEDS

2. *Your child is growing and learning. How much does your family understand about your child's development?*

1	2	3	4	5	6	7
We are just beginning ...		We understand some ...		We understand a good amount ...		We understand a great deal ...
0	1	2	3	6	7	9

2. *Home visitors who work with you and your child want to know if the things they do are making a difference. How often is your family able to tell if your child is making progress?*

1	2	3	4	5	6	7
We seldom can tell...		We sometimes can tell...		We usually can tell...		We almost always can tell...
2	0	2	0	11	5	8

KNOWING YOUR RIGHTS AND ADVOCATING FOR YOUR CHILD

3. *Families often meet with professionals to discuss and plan for your child's care and development. How comfortable is your family participating in these meetings?*

1	2	3	4	5	6	7
We are just beginning to feel comfortable		We are somewhat comfortable		We are generally comfortable		We are very comfortable
3	0	3	3	5	3	11

4. To what extent have the professionals working with your family helped your family know and understand your rights?

1	2	3	4	5	6	7
a poor job...		a fair job...		a good job...		an excellent job...
2	0	2	1	13	3	7

HELPING YOUR CHILD DEVELOP AND LEARN

5. Families help their children develop and learn. How much does your family know about how to help your child develop and learn?

1	2	3	4	5	6	7
We are just beginning to know...		We know some ...		We know a good amount ...		We know a great deal ...
1		1	1	12	8	5

6. Families try to help their children learn to behave the way they would like. How much does your family know about how to help your child learn to behave the way your family would like?

1	2	3	4	5	6	7
We are just beginning to know...		We know some ...		We know a good amount ...		We know a great deal ...
3	0	7		11	3	6

7. Families work with professionals to help their children learn and practice new skills at home or in their communities. How often does your family help your child learn and practice these new skills?

1	2	3	4	5	6	7
We are just beginning ...		We sometimes help...		We usually help...		We routinely help...
1	1	2	0	3	8	13

8. To what extent have the professionals working with your family helped your family be able to help your child develop and learn?

1	2	3	4	5	6	7
done a poor job...		done a fair job...		done a good job...		done an excellent job...
2	0	2	1	8	6	9

HAVING SUPPORT SYSTEMS

9. Families sometimes must rely on other people for help when they need it, for example to provide a ride, run an errand, or watch their child for a short period of time. How often does your family have someone you can rely on for help when your family needs it?

1	2	3	4	5	6	7
We seldom have...		We sometimes have...		We usually have...		We almost always have...
4	0	7	1	5	3	7

...AND A FEW GENERAL QUESTIONS

Who is filling out this survey?

<i>Mother</i>	<i>Father</i>	<i>Guardian</i>	<i>Caregiver</i>	<i>other</i>
27	0	1	0	0

14. How long has your family been working with a home visitor?

<i>Site A</i>	<i>Site B</i>	<i>Site C</i>	<i>Site D</i>
2 months—terminated services, not happy 3-4 visits Since birth 3 months—no longer comes 1 year 16 monhs	4+ years 4-5 yrs 19 months 3 yrs 3 months since birth 3 yrs	20 months a year or so 6 months since my son was about 2 1 year seldom	18 mos 4 yrs no longer comes 1 year 7 months 6-8 months

15. What is your family working on with the home visitor?

<i>Site A</i>	<i>Site B</i>	<i>Site C</i>	<i>Site D</i>
Blank [2] Health and Nutrition Dealing w/re-training bad habits ex: hitting and biting Age appropriate activities Helped me get used to new baby, find things for him, how to take good care of him Get childcare and a better place to live How to take good care of my baby	Blank [2] Getting ready for Kindergarten Making sure our children grow into happy healthy children Stress reduction, sibling relations, child care, divorce therapy for mom and 2 dtrs Time mgmt schooling, working, health care issues Sharing , using words, toilet training, listening	Blank [1] Learning new things, reading stories How my child grows and how to help her in any way I can EEE speech therapy Interpersonal communication skills Behavior mgmt, resources for the home Finding work at home, education	Blank [0] New games to help my son learn Physical ,occupational and speech therapy Behavior problems, My son's ADHD Helping me to understand and I like it when they listen to me Learning not to get his way all the time and not hitting. Play and how to put blocks together and be still for games Teaching me how to help my child Mostly behavioral but she helps

14.. Does your family have a dentist that you and your child see regularly?

Yes	No
20	8

15. Did you and your child receive prenatal care from a medical provider during your pregnancy?

- ☐ Yes, beginning in the first trimester(first 12 weeks of pregnancy)
- ☐ Yes, beginning after the first trimester (13 weeks and beyond)
- ☐ No

Yes<1st	Yes>1st	No
18	5	5

16. Do you have any comments you want to include? (Feel free to use the back of this page as well if you need more space).

Yes	No
9	19

Comments

I am studying EC ED in college and participate at the PCC so we are constantly surrounded by knowledgeable individuals who answer our questions. She accepts my family and helps us with the things we want to learn more about.

Everyone that we've had working with our girls has done a great job. Keep up the good work!

Great program. I know it has helped us.

This program is an asset and indispensable to the state of VT. I'm a single mother of 2 and without the help of all you friendly ladies I'd be lost.

They all do an excellent job helping our issues.

My insurance won't pay for dentists—some won't help my son at all.

The visitor helps my son sit still and read a book and play games he can learn.

The worker that I have is great. My son just loves her. She has really helped us. Sometimes someone on the outside has a little insight and can help.